

II. SCHEDULE OF BENEFITS

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Calendar Year Deductible Individual Family	\$200 \$600	\$400 \$1,200
Coinsurance After Deductible	20%	30%
Lifetime Maximum (Amount payable per eligible individual, includes all benefits paid for covered hospital and medical expenses)	Unlimited	
Out-of-Pocket Maximum Individual Family	\$1,000 \$3,000	\$2,000 \$6,000
Laboratory Services	20% coinsurance, after deductible	30% coinsurance, after deductible
Physician Office Visits	20% coinsurance, after deductible	30% coinsurance, after deductible
Hospital Daily Hospital Room and Board, Semi Private and other allowable expenses	20% coinsurance, after deductible	30% coinsurance, after deductible
Hospital Pre-Certification Penalty	50% of benefits up to a maximum of \$5,000	
Ambulance	20% coinsurance, after deductible	30% coinsurance, after deductible
Emergency Care	20% coinsurance, after deductible	30% coinsurance, after deductible
	20% coinsurance, after deductible	30% coinsurance, after deductible
Mental Health	20% coinsurance, after deductible	30% coinsurance, after deductible
	20% coinsurance, after deductible	30% coinsurance, after deductible

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Alcohol & Substance Abuse (As Medically Certified) Inpatient	20% coinsurance, after deductible	Not Covered
	20% coinsurance, after deductible	Not Covered
Durable Medical Equipment (Total rental not to exceed purchase price.)	20% coinsurance, after deductible	30% coinsurance, after deductible
Home Health (Nursing) Care	20% coinsurance, after deductible	30% coinsurance, after deductible
Cardiac Rehabilitation	20% coinsurance, after deductible	30% coinsurance, after deductible
Physical Therapy	20% coinsurance, after deductible	30% coinsurance, after deductible
Chiropractic (12 visits per calendar year)	20% coinsurance, after deductible	30% coinsurance, after deductible

PRESCRIPTION DRUG BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network (No Deductibles)	Out-of-Network (With Deductibles)
Retail 30-Day Supply		
Generic Drugs	20% coinsurance	30% coinsurance
Preferred Brand Name Drugs	20% coinsurance	30% coinsurance
Non-Preferred Brand Name Drugs	20% coinsurance	30% coinsurance
Mail Order 90-Day Supply		
Generic Drugs	20% coinsurance	Not Covered
Preferred Brand Name Drugs	20% coinsurance	Not Covered
Non-Preferred Brand Name Drugs	20% coinsurance	Not Covered

SHORT TERM DISABILITY

Benefits payable, by years of service, the 1st day of an accident, 8th day of a sickness, for the following with:

1-6 Years of Service

Weeks 1-26 \$400

7-14 Years of Service

Weeks 1-39 \$475

15+ Years of Service

Weeks 1-52 \$550

EMPLOYEE DEATH BENEFIT

Active Employee \$50,000
Temporary absent by direct payment \$5,000
Monthly direct payment amount \$9.85

EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

For loss of:

Life \$25,000
Both Hands or Both Feet..... \$25,000
Entire Sight of Both Eyes \$25,000
One Hand and One Foot. \$25,000
One Hand or One Foot or Entire Sight of One Eye \$12,500
One Hand or One Foot..... \$12,500
Maximum benefit per occurrence is..... \$25,000

CONTINUATION OF COVERAGE FOR RETIREES

Eligibility – Retirement on/or after age..... 60
Period of Coverage Up to age 65 or Medicare eligibility

Continuation of Coverage for Retirees – Employer Paid

If you retire at age 60 (age 50 if disabled) during the term of this contract and are eligible to receive a pension, benefits will be the same as for active employees for both you and your eligible dependents. Coverage will be provided during the term of the Labor Agreement or until the end of the month preceding the month in which the covered person reaches age 65 or Medicare eligible or when the retiree fails to pay his copay for these benefits as determined by the contract, whichever is earliest.

In no event shall eligibility hereunder continue beyond the termination of the Agreement and Declaration of Trust between the Employer and the United Food & Commercial Workers' International Union, formerly the Distillery, Wine and Allied Workers' International Union, nor beyond the date you or your dependent spouse, as the case may be, becomes eligible to apply for benefits under the Federal Medicare Program, whether or not such application is made.